

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Chiropractors
Managed Care Plans

Memorandum No: 05-39 MAA
Issued: June 28, 2005

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
(800) 562-6188

Supersedes # Memorandum:
04-34

Subject: Chiropractic Services for Children: Fee Schedule Changes

Effective for dates of service on and after July 1, 2005, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2005 relative value units (RVUs);
- One (1.0) percent vendor rate increase.

Maximum Allowable Fees

MAA is updating the Chiropractic Services fee schedule with Year 2005 RVUs. The 2005 Washington State Legislature appropriated a one (1.0) percent vendor rate increase for the 2006 state fiscal year. The maximum allowable fees have been adjusted to reflect these changes.

Attached are updated replacement pages 7/8 for MAA's current *Chiropractic Services for Children Billing Instructions*.

Bill MAA your usual and customary charge.

Diagnosis Reminder

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4th or 5th digits if necessary) or the entire claim will be denied.

MAA's Provider Issuances

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Coverage

What is covered?

The Medical Assistance Administration (MAA) will pay only for the following:

- Unlimited chiropractic manipulative treatments of the spine; and
- X-rays of the spine limited to:
 - ✓ A single view when the treatment area can be isolated; and
 - ✓ The cervical, thoracic, and lumbo-sacral (anterior-posterior and lateral) areas of the spine when treatment cannot be isolated.



Note: MAA does not reimburse for the following items under the Chiropractic Services for Children program:

- Therapy modalities such as light, heat, hydro, and physical;
- Any food supplements, medications, or drugs; and
- Any braces, cervical collars, or supplies.

Fee Schedule

The following chiropractic services are allowed only for clients under 21 years of age with a referral from an EPSDT provider.

Due to its licensing agreement with the American Medical Association, MAA publishes only the official, brief CPT™ procedure code descriptions.

To view the entire description, please refer to your current CPT book.

Procedure Code	Modifier	Brief Description	July 1, 2005 Max Allowable	
			NFS	FS
98940		Chiropractic manipulation	\$15.67	
98941		Chiropractic manipulation	22.03	
98942		Chiropractic manipulation	28.61	
72020		X-ray exam of spine	14.76	
72020	26	Professional component	4.77	
72020	TC	Technical component	9.99	
72040		X-ray exam of neck spine	21.35	
72040	26	Professional component	6.81	
72040	TC	Technical component	14.53	
72070		X-ray of thoracic spine	22.48	
72070	26	Professional component	6.81	
72070	TC	Technical component	15.67	
72100		X-ray of lower spine	22.94	
72100	26	Professional component	6.81	
72100	TC	Technical component	16.12	

Modifiers

- **Professional Component only (modifier 26)** – This modifier identifies the x-ray professional component only. When the professional component (reading and interpretation of the x-ray) is performed separately, the service must be billed along with modifier 26.
- **Technical Component only (modifier TC)** – This modifier identifies the x-ray technical component only. When the technical component (taking of the x-ray) is performed separately, the service must be billed along with modifier TC.

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(Revised June 2005)

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Fee Schedule